

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

PA VALUES C/O Tom Leonard Centre Square West

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on / / in the State of

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on / / in the State of

5. Covering Period / / through / /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Urban, Nathaniel, , ,

Type or Print Name of Treasurer

Signature of Treasurer Urban, Nathaniel, , , [Electronically Filed] Date / /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only									
-----------------	--	--	--	--	--	--	--	--	--

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

PA VALUES C/O Tom Leonard Centre Square West

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="375047.32"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="155661.35"/>	<input type="text" value="532026.57"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="530708.67"/>	<input type="text" value="532026.57"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="271449.87"/>	<input type="text" value="272767.77"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="259258.80"/>	<input type="text" value="259258.80"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

PA VALUES C/O Tom Leonard Centre Square West

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2017 To: M M / D D / Y Y Y Y Y Y
12 / 31 / 2017

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	125500.00	501765.22
(ii) Unitemized	161.35	261.35
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	125661.35	502026.57
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	30000.00	30000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	155661.35	532026.57
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	155661.35	532026.57
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	155661.35	532026.57

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	72449.87	73767.77
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	72449.87	73767.77
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	199000.00	199000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	271449.87	272767.77
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	271449.87	272767.77

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	155661.35	532026.57
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	155661.35	532026.57
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	72449.87	73767.77
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	72449.87	73767.77

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 14
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
PA VALUES C/O Tom Leonard Centre Square West

A. Beachler III, Edwin, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 Stanwix Street, Fl #7
 City Pittsburgh State PA Zip Code 15222
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 28 / 2017
Transaction ID : SA11AI.4202
 Amount of Each Receipt this Period 5000.00
 Memo Item

B. Butler, Christopher, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 291 Oak Park Drive
 City San Francisco State CA Zip Code 94131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 11 / 03 / 2017
Transaction ID : SA11AI.4197
 Amount of Each Receipt this Period 10000.00
 Memo Item

C. Campbell, Douglas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 730 Fairview Road
 City Pittsburgh State PA Zip Code 15238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell & Levine, LLC Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 07 / 2017
Transaction ID : SA11AI.4199
 Amount of Each Receipt this Period 5000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	20000.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 14
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
PA VALUES C/O Tom Leonard Centre Square West

A. Hagen, Thomas, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. Box 10905

City Erie	State PA	Zip Code 16514
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self	Occupation (for Individual) Philanthropist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2017

Transaction ID : SA11AI.4198

Amount of Each Receipt this Period
100000.00

Memo Item

B. Maier, Eugene, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 548 Penny Lane

City Philadelphia	State PA	Zip Code 19111
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self	Occupation (for Individual) Attorney
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2017

Transaction ID : SA11AI.4200

Amount of Each Receipt this Period
500.00

Memo Item

C. Rubin, Ronald, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 200 S. Broad St., 3rd FL

City Philadelphia	State PA	Zip Code 19102
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PREIT	Occupation (for Individual) Trustee
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2017

Transaction ID : SA11AI.4201

Amount of Each Receipt this Period
5000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	105500.00
TOTAL This Period (last page this line number only).....	125500.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 14
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
PA VALUES C/O Tom Leonard Centre Square West

A. INDEPENDENCE BLUE CROSS PAC (IBC PAC)
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1901 MARKET STREET

City PHILADELPHIA	State PA	Zip Code 19103
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00450056

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
12500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2017

Transaction ID : SA11C.4186

Amount of Each Receipt this Period
12500.00

Memo Item

B. INDEPENDENCE BLUE CROSS PAC (IBC PAC)
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1901 MARKET STREET

City PHILADELPHIA	State PA	Zip Code 19103
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00450056

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2017

Transaction ID : SA11C.4187

Amount of Each Receipt this Period
12500.00

Memo Item

C. KATIE MCGINTY FOR SENATE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 22447

City PHILADELPHIA	State PA	Zip Code 19110
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00582809

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		22		2017

Transaction ID : SA11C.4221

Amount of Each Receipt this Period
5000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30000.00
TOTAL This Period (last page this line number only).....	30000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
PA VALUES C/O Tom Leonard Centre Square West

Full Name (Last, First, Middle Initial) A. Brown, James, W, ,		Date of Disbursement MM / DD / YYYY 10 / 23 / 2017	
Mailing Address 1602 Sorrell Rd		FEC Identification Number C [] Transaction ID : SB21B.4158 Amount of Each Disbursement this Period [] 728.40	
City Malvern	State PA	Zip Code 19355	Category/ Type []
Purpose of Disbursement Travel - Airfare		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Cabbage Hill Consulting, LLC		Date of Disbursement MM / DD / YYYY 12 / 12 / 2017	
Mailing Address 2081 Whitehall Road		FEC Identification Number C [] Transaction ID : SB21B.4174 Amount of Each Disbursement this Period [] 35000.00	
City Ottawa Hills	State OH	Zip Code 43606	Category/ Type []
Purpose of Disbursement Strategic Consulting Fee		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. George's Market		Date of Disbursement MM / DD / YYYY 11 / 20 / 2017	
Mailing Address 1650 Limekiln Pike Suite 29		FEC Identification Number C [] Transaction ID : SB21B.4171 Amount of Each Disbursement this Period [] 285.61	
City Dresher	State PA	Zip Code 19025	Category/ Type []
Purpose of Disbursement Catering		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	[] 36014.01
TOTAL This Period (last page this line number only).....▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

PA VALUES C/O Tom Leonard Centre Square West

Full Name (Last, First, Middle Initial)

A. Leonard, Thomas, A, ,

Mailing Address c/o Obermayer Rebmann, Center Sq W
FL 34

City Philadelphia State PA Zip Code 19102

Purpose of Disbursement
Travel - Airfare & Taxi fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 20 / 2017

FEC Identification Number

C
Transaction ID : SB21B.4152
Amount of Each Disbursement this Period
843.40

Memo Item

Full Name (Last, First, Middle Initial)

B. Leonard, Thomas, A, ,

Mailing Address c/o Obermayer Rebmann, Center Sq W
FL 34

City Philadelphia State PA Zip Code 19102

Purpose of Disbursement
Travel - Airfare

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 06 / 2017

FEC Identification Number

C
Transaction ID : SB21B.4164
Amount of Each Disbursement this Period
847.72

Memo Item

Full Name (Last, First, Middle Initial)

C. Sandler Reiff Lamb Rosenstein & Birkenstock, P.C.

Mailing Address 1025 Vermont Ave NW #300,

City Washington State DC Zip Code 20005

Purpose of Disbursement
Consulting fee - Legal

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 06 / 2017

FEC Identification Number

C
Transaction ID : SB21B.4163
Amount of Each Disbursement this Period
240.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

1931.12

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
PA VALUES C/O Tom Leonard Centre Square West

Full Name (Last, First, Middle Initial) A. Sandler Reiff Lamb Rosenstein & Birkenstock, P.C.		Date of Disbursement MM / DD / YYYY 12 / 13 / 2017
Mailing Address 1025 Vermont Ave NW #300,		FEC Identification Number C [] Transaction ID : SB21B.4176 Amount of Each Disbursement this Period [] 550.00
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Consulting Fee - Legal		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Memo Item <input type="checkbox"/>	

Full Name (Last, First, Middle Initial) B. Sandler Reiff Lamb Rosenstein & Birkenstock, P.C.		Date of Disbursement MM / DD / YYYY 12 / 26 / 2017
Mailing Address 1025 Vermont Ave NW #300,		FEC Identification Number C [] Transaction ID : SB21B.4179 Amount of Each Disbursement this Period [] 420.00
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Consulting fee - Legal		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Memo Item <input type="checkbox"/>	

Full Name (Last, First, Middle Initial) C. Skadden, Arps, Slate, Meagher, and Flom LLP		Date of Disbursement MM / DD / YYYY 07 / 25 / 2017
Mailing Address 1440 New York Ave NW		FEC Identification Number C [] Transaction ID : SB21B.4217 Amount of Each Disbursement this Period [] 6324.50
City Washington	State DC	Zip Code 20005-2111
Purpose of Disbursement Legal Fees		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Memo Item <input type="checkbox"/>	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 7294.50
TOTAL This Period (last page this line number only).....▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
PA VALUES C/O Tom Leonard Centre Square West

Full Name (Last, First, Middle Initial) A. Skadden, Arps, Slate, Meagher, and Flom LLP		Date of Disbursement MM / DD / YYYY 07 / 25 / 2017	
Mailing Address 1440 New York Ave NW		FEC Identification Number C [] Transaction ID : SB21B.4218 Amount of Each Disbursement this Period [] 17499.70	
City Washington	State DC	Zip Code 20005-2111	Category/ Type []
Purpose of Disbursement Legal Fees		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. Skadden, Arps, Slate, Meagher, and Flom LLP		Date of Disbursement MM / DD / YYYY 07 / 26 / 2017	
Mailing Address 1440 New York Ave NW		FEC Identification Number C [] Transaction ID : SB21B.4146 Amount of Each Disbursement this Period [] 9079.00	
City Washington	State DC	Zip Code 20005-2111	Category/ Type []
Purpose of Disbursement Consulting fee - Legal		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C [] Amount of Each Disbursement this Period []	
City	State	Zip Code	Category/ Type []
Purpose of Disbursement		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 26578.70
TOTAL This Period (last page this line number only).....▶	[] 71818.33

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
PA VALUES C/O Tom Leonard Centre Square West

A. Priorities USA Action

Full Name (Last, First, Middle Initial)
Mailing Address 1150 18 St., N.W.

City Washigton State DC Zip Code 20036

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: M M / D D / Y Y Y Y Y Y
11 / 03 / 2017

FEC Identification Number: C

Transaction ID : SB23.4209

Amount of Each Disbursement this Period: 199000.00

Memo Item

B.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: M M / D D / Y Y Y Y Y Y

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: M M / D D / Y Y Y Y Y Y

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	199000.00
TOTAL This Period (last page this line number only).....▶	199000.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 14 OF 14
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
PA VALUES C/O Tom Leonard Centre Square West

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor CT Corporation			Nature of Debt (Purpose): Corporate Registration Fee
Mailing Address PO Box 4349			
City Carol Stream	State IL	Zip Code 60197-4349	

Outstanding Balance Beginning This Period <input type="text" value="37.37"/>	Transaction ID : SD10.4102	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="37.37"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Skadden, Arps, Slate, Meagher, and Flom LLP			Nature of Debt (Purpose): Legal Fee
Mailing Address 1440 New York Ave NW			
City Washington	State DC	Zip Code 20005-2111	

Outstanding Balance Beginning This Period <input type="text" value="6324.50"/>	Transaction ID : SD10.4103	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="6324.50"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Skadden, Arps, Slate, Meagher, and Flom LLP			Nature of Debt (Purpose): Legal Fee
Mailing Address 1440 New York Ave NW			
City Washington	State DC	Zip Code 20005-2111	

Outstanding Balance Beginning This Period <input type="text" value="17499.70"/>	Transaction ID : SD10.4104	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="17499.70"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="0.00"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>